Name in Full: Sally Miles Ballard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) "Almshouse" Waterloo (County) Somerset

Date of death 1904 Month Feb Day 21 Years Age 83 Months — Days —

Sex Female Color or Race White Birthplace Somerset Co

Occupation None Where Residing if not at place of death Almshouse

Married, Single or Widowed Spinster Name of Wife or Husband — — —

Father's Name Levin Ballard Father's Birthplace —

Mother's Maiden Name Sally Willing Mother's Birthplace —

Name of person giving imformation S. F. Smith How related to deceased Nephew

1-54

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age debility How long

Immediate 4 9 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician S. F. Smith M.D.

Address Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Edward P Bowndo

Town

Died at Linwell

County

Somerset

MARYLAND

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	2	22		66	8		Somerset	Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband / Wife of Emily Pusey Bowndo

Father's Name James Bowndo

Mother's Maiden Name Mary Pusey

Cause of Death — Primary Paralysis — How long sick 4 months

Immediate Asthenia — Accident, Suicide, Homicide

Reported by M. H. Goldsborough M.D.

Address Princess Anne. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: None

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion | County: Somerset

Date of death 190 4 — Month: 2 | Day: 21 | Age — Years: — | Months: 1 | Days: 13

Sex: Male | Color or Race: Colored | Birthplace: Marion Md

Married, Single or Widowed: — | Occupation:

Name of Wife or Husband: —

Father's Name: Harry Brookfield | Father's Birthplace: Seaford Del

Mother's Maiden Name: Annie King | Mother's Birthplace: Kingston Md

Name of person giving In formation: Annie King | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup | How long: 7 Days

Immediate: Strangled | How long: at once

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Annie King

Address: Marion Sta Md

Accident or Sulcide?

LIBRARY BUREAU A58616

Name in Full: Thomas Elwood Cottman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hopewell | County: Somerset

Date of death 190 4: Month: 2 | Day: 21 | Age: Years: 16 | Months: — | Days: —

Sex: Male | Color or Race: Black | Birthplace: Hopewell Md

Married, Single or Widowed: Single | Occupation: Farming

Name of Wife or Husband: +

Father's Name: Horace S. Cottman | Father's Birthplace: Somerset Co

Mother's Maiden Name: Harriet | Mother's Birthplace: Somerset Co

Name of person giving information: 93 | How related to deceased: +

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 2 weeks

Immediate: Heart failure | How long: +

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? —

LIBRARY BUREAU A89316

Name in Full: Isaiah D. Dennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Marion Station	(County)	Somerset		
Date of death 1904	Month: Feb.	Day: 18	Age: Years 63	Months 11	Days 27
Sex	Male	Color or Race	Black	Birthplace	Somerset Co. Md.
Married, Single or Widowed	Married	Occupation	Farmer		
Name of Wife or Husband	Mary E. Davis				
Father's Name	Nelson B. Dennis			Father's Birthplace	Somerset Co. Md.
Mother's Maiden Name	May Faucet Miles			Mother's Birthplace	Somerset Co. Md.
Name of person giving Information	Thomas Davis			How related to deceased	Brother in Law

1908

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary	Acute Peritonitis Supervinduced by Strangulated Hernia	How long: Six days
Immediate	Exhaustion	How long: Two hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician: O. B. B. Ewell M.D.
		Address: Marion Station, Md.
Accident or Suicide?		

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mary Ellen Dorsey

Died at Town: Fairmount County: Somerset MARYLAND

Date 1904 Month: 2 Day: 8	Age Y.: 65 M.: D.:	Native of: Md.	Occupation: —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name: Robt Dorsey

Mother's Maiden Name: Maria Newcomb,

Cause of Death: Primary — How long sick: 2 mo.

Immediate — Accident, Suicide, Homicide

Reported by: Geo W. Hall

Address: Manokin P.O. Md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: William H. Gale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne — County: Somerset

Date of death: Month: 2 — Day: 9 — Years: 76 — Months — Days

Age

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: Princess Anne Md

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Elizabeth K. Gale

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Chas. W. Dawson Jr — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Obstruction — How long: 1 week

Immediate: Heart Failure — How long: Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. W. Dawson Jr

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Peter Gray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Manassas — County: Somerset

Date of death: 1904 — Month: Feby — Day: 6 — Years: Age 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Milford Del

Occupation: Farmer — Where Residing if not at place of death: Manassas Md

Married or [redacted] — Name of Wife or Husband: Louisa Gray

Father's Name: Joshua Gray — Father's Birthplace: Del

Mother's Maiden Name: Doris Evans — Mother's Birthplace: Del

Name of person giving Imformation: George E W Gray — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: 18 months

Immediate: Same as above — How long: one hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. A. Adams M D

Address: Pocomoke City Md

[redacted] accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full: Lottie Guy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 1914: Month: 2; Day: 2; Age: Years: 24; Months: 9; Days:

Sex: Female; Color or Race: White; Birthplace: Hopewell Md

Married, Single or Widowed: Married; Occupation: Housework

Name of ~~Wife or~~ Husband: William S. Guy

Father's Name: Revel Sterling; Father's Birthplace: Hopewell Md

Mother's Maiden Name: Margaret Bradshaw; Mother's Birthplace: Hopewell Md

Name of person giving information: Wm Guy; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmon. Tuberculosis; How long: 3 year

Immediate: —; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A88810

Name in Full: Agnes Hoolland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Summers — County: Som.

Date of death 1904: Month: 2 — Day: 26

Age: Years: 5 — Months — Days

Sex: F — Color or Race: White — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Wesley Hoolland — Father's Birthplace

Mother's Maiden Name: Nell Revell — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long

Immediate: Pneumonia — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Gill

Address: Mountain Mod.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Chas. A. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bruns Quarter — County: Somerset

Date of death 190 4 — Month: Feb — Day: 20th — Age: 72 Years — Months — Days

Sex: male — Color or Race: Colored — Birth-place: Somerset Co.

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Henry Jones — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 1 day

Immediate: Coma — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Wrudden, M.D.

Address: Bruns Quarter Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Edward S. Landon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairmount; County: Somerset

Date of death 1904: Month: Feby.; Day: 17

Age: Years: 75; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Fairmount

Married, Single or Widowed: married; Occupation: Shoemaker

Name of Wife or Husband: Jennie Landon

Father's Name: Langley Landon; Father's Birthplace: Fairmount

Mother's Maiden Name: Peggy —; Mother's Birthplace: "

Name of person giving information: Wm A Ford Family; How related to deceased:

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age; How long:

Immediate: Paralysis; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Wm A Ford undertaker

Address: Landonville, Somerset Co Md.

Accident or Suicide:

LIBRARY BUREAU A89316

Name in Full: Ethel L Landon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: Feb; Day: 26; Years: 23; Months: 11; Days: 3

Sex: Female; Color or Race: White; Birthplace: Crisfield

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: John W. Landon

Father's Name: William Ward; Father's Birthplace: Crisfield

Mother's Maiden Name: Nancy Cherrix; Mother's Birthplace: Crisfield

Name of person giving information: John W. Landon; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Pharynx; How long: One Year

Immediate: Intestinal Tuberculosis; How long: Two months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L E Collins

Address: Crisfield

Accident or Suicide?

LIBRARY BUREAU A8691G

Name In Full

Certificate of Death

Lydia Maddux

Died at Town: Mauertin County: Somerset MARYLAND

Date 1904 Month: 2 Day: 8 | Age Y.: 5 M.: 3 D.: | Native of: Md | Occupation: —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Charles Maddux

Mother's Maiden Name:

Cause of Death: Primary: worms ~~Immediate~~

How long sick: 1 week

Accident, Suicide, Homicide

Reported by: Geo H. Hall

Address: Mauertin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Miss Annie E Miles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmount — County: Somerset

Date of death 1904: Month: Feb — Day: 19 — Years: Age 54 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Somerset Co

~~Married~~ Single or ~~Widowed~~ — Occupation: Sch Teacher

Name of Wife or Husband

Father's Name: Edward Miles — Father's Birthplace: Somerset Co

Mother's Maiden Name: Leggie " — Mother's Birthplace: Baltimore

Name of person giving In formation: L. J. Maddox — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: Several Yrs

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr E S Miles

Address: Upper Fairmount Md

Accident or Suicide?

LIBRARY BUREAU A85510

Name in Full: No name Mumford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion; County: Somerset

Date of death 1904: Month: 2; Day: 19; Age: Years: —; Months: —; Days: 9

Sex: Female; Color or Race: Colored; Birthplace: Somerset Co Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Father Mumford; Father's Birthplace: Salisbury Md

Mother's Maiden Name: India Mason; Mother's Birthplace: Marion "

Name of person giving information: Caroline Beauchamp; How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Headache; How long: 9 days

Immediate: " ; How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

No Physician in attendence

Accident or Suicide?

Signature of Physician: Caroline Beauchamp

Address: Grand mother

Marion Sta Md

LIBRARY BUREAU A88316

Name in Full: Edward H Paul

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: 2; Day: 13; Age: Years: 30; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Cambridge Md

Married, Single or Widowed: Married; Occupation: Editor

Name of Wife or ~~Husband~~: Hattie Paul

Father's Name: Jno. Paul; Father's Birthplace: Cambridge, Md

Mother's Maiden Name: Elizabeth Reese; Mother's Birthplace: " "

Name of person giving information: W R Reese; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: Heart failure; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A99510

Hanna Sonnen
Ruhig

Name in Full: Johanna Riggin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: Feb; Day: 21; Years: Age 54; Months: —; Days: 3

Sex: Female; Color or Race: White; Birthplace: Worcester Co.

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: Edward D. Riggin

Father's Name: John Moore; Father's Birthplace: Somerset Co.

Mother's Maiden Name: Sarah Pilar; Mother's Birthplace: Somerset Co.

Name of person giving In formation: Edward D Riggin; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus; How long: 4 Mos

Immediate: Diabetic Coma; How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Collins

Address: Crisfield

Accident or Suicide? No

LIBRARY BUREAU A98816

Name in Full: Mary - Riggin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: Feb. — Day: 25 — Age: Years: 23 — Months: 3 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Crisfield

Married, Single or Widowed: Single — Occupation: Home work

Name of Wife or Husband: —

Father's Name: Edward Riggin — Father's Birthplace: Somerset

Mother's Maiden Name: Jennie Sterling — Mother's Birthplace: Somerset

Name of person giving Information: Frank Riggin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 12 days

Immediate: Acute Congestion of Lungs — How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. E. Collins

Address: Crisfield

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: George Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville — County: Fremont

Date of death 1904: Month: Feb. — Day: 6th — Age: Years: 65 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Fremont Co.

~~Married, Single~~ or Widowed — Occupation: Oyster man

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Geo. Thom. 27 — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 year

Immediate: Asthenia — How long: 2

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor, M.D.

Address: Sykesville, Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Earnest Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Caston Sta — County: Somerset

Date of death: Month: July — Day: 15 — 1904 — Years: Age 3 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Caston Sta

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred Smith — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Lizzie Miles — Mother's Birthplace: Somerset Co Md

Name of person giving Information: Wesley J Conway — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Typhoid Fever — How long: 15 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F A Adams M D

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A29316

Name in Full: Allen T. Somers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset

Date of death 190 4 — Month: 2 — Day: 1st — Age: Years: 50 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Crisfield Md

Married, Single or Widowed: Married — Occupation: Rigger

Name of Wife or ~~Husband~~: Eliza Somers

Father's Name: Eliza Somers — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Mary Stirling — Mother's Birthplace: do

Name of person giving Information: Jones & Somers — How related to deceased: nephew

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 12 days

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. F. Beall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88S16

Name in Full: Gwynn Sterling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lawsonia; County: Somerset

Date of death 1904: Month: Feb.; Day: 20; Age: Years: ; Months: 6 mos; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Jas Sterling; Father's Birthplace: Md

Mother's Maiden Name: Eva Moore; Mother's Birthplace: Md

Name of person giving In formation: Hance Moore; How related to deceased: Grand Pa

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal nutrition; How long: 6 mos

Immediate: Pneumonia; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A08515

Name in Full

Certificate of Death

Henry Sterling

Died at Town: Crisfield County: somerset MARYLAND

Date 1904 Month: 2 Day: 28 | Age Y.: 77 M.: — D.: — | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 5

Husband ~~Wife~~ of Sallie Sterling

Father's Name: —

Mother's Maiden Name: —

64

Cause of Death: Primary: Apoplexy — How long sick: one day

Immediate: —

~~Accident, Suicide, Homicide~~

Reported by: G. L. Simonson

Address: Crisfield Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70828

Name in Full: Polly Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: Feb; Day: 28

Age: Years: 56; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Cornelius W. Sterling

Father's Name: John Kinsey; Father's Birthplace: Md

Mother's Maiden Name: Nancy; Mother's Birthplace: Md

Name of person giving information: Cornelius Sterling; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis; How long: Several years

Immediate: La Grippe; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Crisfield Md

Accident or Sulcide? No

LIBRARY BUREAU A22518

Name in Full: J. B. Sudler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Fairmount — County: Somerset

Date of death 190 4 — Month: Feb — Day: 9 — Age: Years 74 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Caroline Sudler

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Fletcher Waters — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long: Gradually Failed

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md.

Accident or Suicide?

LIBRARY BUREAU A38513

Name in Full: Annie Tignor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chance — County: Somerset

Date of death 1904: Month: Feb. — Day: 23rd — Age: Years: 35 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: Somerset Co.,

Married, ~~Single or Widowed~~: married — Occupation: Housewife

Name of ~~Wife or~~ Husband: Louis Tignor

Father's Name: Isaac Fuller — Father's Birthplace: Va.

Mother's Maiden Name: 139 — Mother's Birthplace: Va.

Name of person giving information: Louis Tignor — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Venous thrombus complicating — How long:

Immediate: puerperal — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Windsor, M.D.,

Address: Dames Quarter, ~~Md~~ Somerset Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A6891S

Name in Full: Infant Tipper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chance — County: Somerset

Date of death 190 4 — Month: Feb — Day: 23rd — Age — Years: — Months: — Days: 4

Sex: Female — Color or Race: White — Birthplace: Somerset Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Louis Tipper — Father's Birthplace: Som. Co.

Mother's Maiden Name: Annie Walter — Mother's Birthplace: Som. Co

Name of person giving Information: Louis Tipper — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Sepsis — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: S. J. Nicholson M.D.

Address: Rumbley, Md.

Accident or Suicide?

LIBRARY BUREAU A8661G

Name in Full: Addie Todd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: Feb. — Day: 7th — Age: Years: 60 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Wicomico Co.

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: —

Father's Name: Nathan Bradley — Father's Birthplace: Wicomico Co.

Mother's Maiden Name: Jane Bradley — Mother's Birthplace: Wicomico Co.

Name of person giving Information: Sarah McDermid — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease — How long: 6 mos.

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor, MD

Address: Dames Quarter, Md.

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Elizabeth Walter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Deals Island — County: Somerset

Date of death 1904 — Month: Feby — Day: 23 — Age — Years: 66 — Months: — Days: —

Sex: Female — Color or Race: white — Birthplace: Annamessick

Married, Single or Widowed: widow — Occupation: Housewife

Name of Wife or Husband: Jacob Walter Sr.

Father's Name: Isac Johnson — Father's Birthplace: Annamessick

Mother's Maiden Name: Maria Hard — Mother's Birthplace: Annamessick

Name of person giving information: Jacob J. Walter — How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 years

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. G. Alexander

Address: Deals Island, Md.

Accident or Suicide? —

LIBRARY BUREAU A69310

Name in Full: Julia Ann Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 190 4 — Month: Feb — Day: 28 — Age — Years: 97 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Somerset Co

Married, Single or Widowed: widow — Occupation: House work

Name of Wife or Husband:

Father's Name: A Waters — Father's Birthplace: Somerset Co

Mother's Maiden Name: Rachel Waters — Mother's Birthplace: " "

Name of person giving information: Mary Horsey — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure to Cold — How long: Several days

Immediate: La Grippe — How long: Cur work.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Clarence E. Collins

Address: Crisfield

Accident or Suicide? no

LIBRARY BUREAU A2831a

CERTIFICATE OF DEATH

MARYLAND

Name in Full Edward Webster

Died at Town: Deals Island — County: Somerset

Date of death 1904 Month: Feby. — Day: 24 — **Age** Years: 19 — Months: 1 — Days: 14

Sex: Male — Color or Race: white — Birthplace: Deals Island

Married, Single or Widowed: single — Occupation: waterman

Name of Wife or Husband:

Father's Name: Columbus F. Webster — Father's Birthplace: Deals Island

Mother's Maiden Name: Margaret Walker — Mother's Birthplace: Deals Island

Name of person giving information: Geo. E. Webster — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 18 months

Immediate: Asthenia — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. Alexander

Address: Deals Island

Somerset Co.

Accident or Suicide? no

LIBRARY BUREAU A8951G

Name in Full: Betsey Whittington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion — County: Somerset

Date of death 1904 — Month: 2 — Day: 9 — Age — Years: 83 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: Samuel Whittington

Father's Name: Arthur Broughton — Father's Birthplace: Somerset Co

Mother's Maiden Name: Grace Broughton — Mother's Birthplace:

Name of person giving information: Geo E Whittington — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 weeks

Immediate: Exhaustion — How long: Immediately

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W J Hall M D

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Sarah Whittington

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmount; County: Somerset

Date of death 1904: Month: Feb; Day: 5th; Years: Age 79; Months; Days

Sex: Female; Color or Race: White; Birthplace: Somerset Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of ~~Wife or~~ Husband: Elijah Whittington

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving In formation: Elijah Whittington; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility; How long —

Immediate: Heart Failure; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66818

Name in Full: Joseph Zeigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shelltown; County: Somerset

Date of death 1904: Month: 2; Day: 23; Age: Years: 79; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Balto md

Married, Single or Widowed: Widower; Occupation: Engineer

Name of Wife or Husband: Deceased

Father's Name: Dont Know; Father's Birthplace: Md

Mother's Maiden Name: " "; Mother's Birthplace: "

Name of person giving Information: J. R. Stayton; How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease; How long: Immediate

Immediete: " "; How long: "

PHYSICIAN OR CORONER

Are the neme, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J A Adams M D & Coroner

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88916